MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY

WATER PROTECTION BUREAU / STORM WATER PROGRAM PO Box 200901 / Helena, MT / 59620-0901

NOTICE OF TERMINATION (NOT) FORM GENERAL PERMIT FOR STORM WATER DISCHARGE

ASSOCIATED WITH CONSTRUCTION ACTIVITY

IMPORTANT: Before completing this form, all parties need to read the General Permit and the Notice of Intent (NOI) Form that was submitted. For termination to be valid upon receipt by the Department, all required items on the form must be completed. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. The submittal of this NOT Form does not relieve the permittees of liability for annual fees that accrued during the period of active General Permit coverage. Only one NOT Form may be submitted for a respective NOI. Mail this NOT Form to the DEQ address above. The 2002-2006 General Permit, 2002 Fee Schedule, and related forms are available from the Storm Water Program at (406) 444-3080 or http://www.deq.state.mt.us/wqinfo/MPDES/StormwaterConstruction.asp.

I. INDICATE NOI NUMBER: MTR10 _ _ _ (Note: This number is indicated on the Confirmation Letter sent to operators upon receipt by the Department of a complete NOI package)

II. OPERATOR INFORMATION

List each operator that was provided on the Notice of Intent originally submitted. The Notice of Intent Form specified which operator is responsible for submitting the Notice of Termination. This operator should complete and sign this NOT Form, unless Reason For Termination "B" is checked below. Parties permitted under the 1997-2002 General Permit must list the "contractor" as Operator #1, and the "owner" as Operator #2 as stated on the Application form originally submitted.

OPERATOR #1		
Name:	Phone:	
Mailing Address:	State: Zip Code:	
Contact Person:	Phone (if different from above):	
OPERATOR #2		
OI ERATOR #2		
Name:	Phone:	
Mailing Address:	State: Zip Code:	
Contact Parson	Dhona (if different from above);	

IV. REASON FOR TERMINATION

Indicate the reason this Notice of Termination is being submitted by checking one of the following:

- A) Site has achieved "final stabilization" as defined in Part V.T.6. of the General Permit; or
- B) Operators identified on original NOI Form have changed.

IMPORTANT: The General Permit, and the corresponding NOI Form, are designed to provide coverage for all parties designated an "operator" at any time during the construction activity. The NOI Form and the SWPPP delineate who has what responsibilities, and during what portion of the project. Each NOI Form for a construction activity is designed to have only one corresponding NOT Form submitted for it, by the single operator identified as having this responsibility on the NOI Form. Reason for Termination "B" is not to be checked, and this NOT Form is not to be submitted, when a particular "operator" identified on the NOI Form is no longer active based on their identified responsibilities on the NOI Form. Reason for Termination "B" is only to be checked when an owner, contractor, etc. has been replaced (new owner - property sold, new contractor - contractor fired, etc.) based on operators identified on the original NOI Form. In this case, a new NOI Form will need to be submitted with all valid operators listed for the remainder of the construction project.

If Reason For Termination "A" is checked above, describe final site stabil	ization:
. CERTIFICATION	
"I certify under penalty of law that if I checked Reason For Termination "	A" above, by the date of my signature below
the permitted construction activity site has achieved "final stabilization" a	s defined in Part V.T.6. of the General Permit.
I certify under penalty of law that this document and all attachments were	prepared under my direction or supervision in
accordance with a system designed to assure that qualified personnel prop	perly gather and evaluate the information
submitted. Based on my inquiry of the person or persons who manage the	system, or those persons directly responsible for
gathering the information, the information submitted is, to the best of my	knowledge and belief, true, accurate, and
complete. I am aware that there are significant penalties for submitting fal	se information, including the possibility of fine o
imprisonment for knowing violations."	
Print Name of Operator or Authorized Representative	Title
Signature of Operator (Name must match that above)	Date